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An Examination of COVID-19 Outbreaks in South American Prisons and Jails

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ABSTRACT

This article highlights intra-regional variation in the extent of the COVID-19 outbreaks in South America generally and then provides an assessment of the nature and extent of outbreaks in South American prisons. Country-level differences in front-end, within-prison, and back-end early release mechanisms are also described. The article concludes with an assessment of two alternative future directions for prison reform across this region.

KEYWORDS

international; prisons; corrections; COVID-19; Pandemic; Alternatives to incarceration; Early release mechanisms; Prison reform

Introduction: The nature and extent of the prison crisis in South America

A significant proportion of the world's prison population is housed in South American prisons. As [Figure 1](#) and [Table 1](#) illustrate, 7 of the top 50 largest prison systems in the world are located in South America (World Prison Brief, 2020). Brazil has the largest prison population among all South American countries, and it currently has the third largest prison system worldwide, behind the USA and China, housing over 750,000 inmates (World Prison Brief, 2020). Of the remaining South American countries, Argentina ranks 16th (N = 103,209), Colombia 17th (N = 102,637), Peru 18th (N = 96,440), Venezuela 35th (N = 57,096), Chile 45th (N = 39,284), and Ecuador 46th (N = 39,251; World Prison Brief, 2020). When aggregated, 11.4% of the world's prison population resides in South American prisons.¹

Proportionately, South American nations are characterized by large prison systems and high inmate populations (see [Figure 1](#)). While correctional systems and prisons in South America vary greatly from country to country on a number of metrics, most prisons in the region are notorious for their high level of overcrowding, lack of adequate infrastructure, unsanitary conditions, poor maintenance of hygiene amongst inmates, poor ventilation, and limited access to basic goods and services, such as food, running water, and health care. South American prisons are also reported to be underfunded and understaffed and lacking adequate and effective programming and services (Bergman, 2018; Burki, 2020; Carranza, 2009; Dammert & Zuniga, 2008; Darke & Karam, 2016; UNDP, 2013). As we discuss in a separate review, it is our view that a combination of prison crowding and unhealthy prison conditions, in conjunction with the preexisting health problems of inmates, created the “perfect storm” for the large COVID-19 outbreaks reported in South American prisons.



Figure 1. South America's largest prison systems. The labeled and ranked countries in Figure 1 are among the top 50 largest prison systems globally and represent the 7 largest prison systems in South America (World Prison Brief, 2020). Note: The rankings for South American countries within the top 50 largest prison systems are based on relatively current data spanning from 2017 to August of 2020.

Table 1. South America's largest prison systems in the world's top 50.

Rank	Global Region	Country	Prison Population	Date of Most Recent Report
3	South America	Brazil ^{1,2}	755,274	December 2019
16	South America	Argentina ^{1,3}	103,209	December 2018
17	South America	Colombia ^{1,2}	102,637	August 2020
18	South America	Peru ^{1,3}	96,440	April 2020
35	South America	Venezuela ^{1,4}	57,096	2017
45	South America	Chile ^{1,2}	39,284	July 2020
46	South America	Ecuador ^{1,2}	39,251	January 2020

*Note: Data were extracted from the World Prison Brief database,¹ National Prison Administration,² Ministry of Justice,³ and Observatorio Venezolano de Prisiones⁴

The extent of the problem: COVID-19 outbreaks in South America

As of late July, Latin America and the Caribbean (as a region) – which includes all of South America, Central America, the Caribbean, and Mexico – led the world in total cases of COVID-19, slightly ahead of North America,² comprising nearly 27% of worldwide cases (Reuters, 2020). Countries such as Brazil, Peru, Colombia, and Argentina have more recently experienced a surge of infections, which has likely increased their share of the worldwide infection total (Reuters, 2020).

According to Americas Society/Council of the Americas (AS/COA), Brazil has the highest reported number of COVID-19 cases and deaths amongst all South American countries with at least 3,910,901 confirmed cases and 122,515 COVID-19-related deaths, as of August 31 (Horwitz et al., 2020; World Health Organization [WHO], 2020). Of this total, less than 1% of all confirmed cases ($\approx 0.75\%$) and deaths ($\approx 0.15\%$) occurred within prisons (inmates and staff), while estimates of the extent of the outbreak in community corrections are unknown. However, it is arguably more important to compare the *rates* of COVID-19 cases and deaths between Brazil's total population and its prison population because, while Brazil houses the third largest prison system in the world, its prison population ($N = 755,274$) comprises less than 1% ($\approx 0.36\%$) of Brazil's total population ($N = 212,559,417$). Thus, while Brazil's community infection rate is approximately 184.0 positive COVID-19 cases per 10,000 residents, its prison population's rate is 389.3 positive cases per 10,000 inmates (Justiça Presente, 2020; WHO, 2020; Worldometer, 2020). This translates to greater than 2 times higher COVID-19 prevalence rate within Brazil's prisons than in the community at large. Conversely, Brazil's community COVID-19-related death rate equates to 5.8 deaths per 10,000 individuals, whereas its prison population has been afflicted by approximately 2.4 COVID-19-related deaths per 10,000 inmates (Justiça Presente, 2020; WHO, 2020; Worldometer, 2020). We can only speculate at this point, but it is possible that the lower reported death rates from COVID-19 among inmates may be explained by underreporting.³

The extent of the outbreaks has varied from country to country across this region, and there is preliminary evidence to support the claim that countries that moved proactively during the early stages of the pandemic (e.g., Argentina) have had fewer outbreaks than those countries that waited longer and relied on reactive containment strategies (e.g., Brazil, Mexico). For example, the Colombian government was quick to respond to the pandemic with a strict lockdown that spanned between March 17 and August 15 in some cities and August 31 in Bogota. The lockdowns were imposed earlier than in other countries, and it was also one of the strictest lockdowns in South America. In contrast, Mexico and Brazil were slow and waited longer to impose lockdowns. However, the lockdowns proved non-effective in controlling the virus. Other measures such as contact tracing, the availability of intensive care units, and testing were not developed as fast as the virus evolved and it caused cases and deaths to increase.⁴

Given the well-documented problems found in prisons throughout this region, it is unsurprising that the inmates and staff in South American prisons have experienced major and sustained COVID-19 outbreaks. Despite claims to the contrary made by leaders in some South American countries (Shadmi et al., 2020; Marmolejo et al., this volume), we can find no evidence supporting the claims that the likelihood of contracting the virus is lower in prison than in society at large. Thus, as the pandemic continues, it will be important for researchers to examine and address these claims, because they most certainly have an impact on how to best and safely proceed.⁵

After first reporting an inmate case of COVID-19 in March, Brazil had reported over 6,000 positive cases and 66 deaths among its prison population between May and July (De Oliveira Andrade, 2020). However, many advocacy groups and researchers were hesitant to believe that these counts were valid, stating that the number of cases reported is a "gross underestimation" given factors such as their own statistical projections, current prison conditions, the low priority status of prisons within the Brazilian government, and the

lack of systematic diagnostic testing among inmates (De Oliveira Andrade, 2020). As of August 31, 2020, Brazil reported 29,403 confirmed cases and 183 deaths (Justiça Presente, 2020) among its prison population, a nearly 5-fold increase in reported cases since July.

Similar to other South American countries that are experiencing a rise in the incidence of COVID-19 cases, prisons throughout Colombia also continue to battle outbreaks of the virus. In mid-May, the Villavicencio prison reported over 800 positive cases, which is nearly half of the facility's population (Justice for Colombia, 2020; Robbins, 2020). At the Villahermosa prison in Cali, as of June 17, approximately 480 inmates and 48 staff had contracted the virus (Justice for Colombia, 2020). By late July, La Picota prison in Bogota had approximately 300 confirmed cases of COVID-19 among staff and inmates, despite repeated pleas for measures to prevent the spread of the virus and assured access to medical treatment (Justice for Colombia, 2020).

Brazil had the largest total count of COVID-19 cases in South America as of August 31, 2020, but Chile (N = 378,168 confirmed cases) and Peru (N = 489,680 confirmed cases) had the highest *rates* of COVID-19 cases per 100,000 individuals (Horwitz et al., 2020).⁶ Colombia had a cumulative count of 410,453 COVID-19 cases, Argentina's with a total of 260,911, and Ecuador with 95,563 confirmed cases as of August 11, 2020 (Horwitz et al., 2020). It is plausible that Argentina's total count is between one-third to one-half the size of surrounding South American countries due to the proactive, swift, and "no-nonsense" response of the newly elected president (inaugurated in December 2019) and government (WHO, 2020). The Argentinian president made it clear that he prioritized public health over the economy stating that, "You can recover from a drop in the GDP, but you can't recover from death" (WHO, 2020).

Conversely, despite being in close geographic proximity to countries with very high positivity rates like Colombia and Brazil, Venezuela had reported only 27,938 confirmed COVID cases as of August 11, 2020 (Horwitz et al., 2020). We are skeptical about the accuracy of these data. According to AS/COA, Chirinos (2020), and Human Rights Watch (2020), an explanation for Venezuela's extremely low prevalence of positive cases initially reported, relative to other South American countries, is that its government may have been suppressing official tallies and has even threatened and arrested medical professionals, journalists, and academics who report higher figures.

Root causes of COVID-19 outbreaks in South American prisons

What factors can explain the large number of COVID-19 cases reported in South American prisons? The short answer is that the prison systems with the largest outbreaks in this region are the systems that have been criticized in the past for their inadequate physical conditions, insufficient staffing, poor health care, and extreme crowding (Heard, this volume). A case in point is Brazil, the country housing the region's largest prison system. In addition to the appalling physical conditions, some Brazilian prisons operate at as high as 300% over design capacity. Brazil's health care system within prisons was already weak with high rates of death among inmates with tuberculosis, an infectious disease that is highly contagious, but very curable (Sánchez et al., 2020). Furthermore, like other countries, Brazil's prison system exacerbates disparities along racial and socioeconomic lines (Fraga Arantes, 2020). Individuals who are black and/or from lower socioeconomic backgrounds are disproportionately represented in Brazil's prisons (Fraga Arantes, 2020; De Oliveira Andrade, 2020).

Brazil is struggling to contain the spread of COVID-19, and its prison population is facing the brunt of a non-proactive and unresponsive government in tandem with the absence of a coordinated response between different levels of government, states, and local prisons (De Oliveira Andrade, 2020; Fraga Arantes, 2020; Sociedad de Criminología Latinoamericana, 2020). According to Shadmi et al. (2020), Brazil's president, Bolsonaro, insisted on a “denialist” approach in March, making public announcements that were contrary to the scientific evidence, despite the Ministry of Health recommending preventative measures such as quarantining. Bolsonaro went as far as to publicly discourage the public from quarantining, purporting that there was not a public health emergency in place and that the economy must be preserved (Shadmi et al., 2020). Further, Bolsonaro believed that inmates should not be released, affirming that they were “safer” inside (Fraga Arantes, 2020).

Front-end, within-prison, and back-end mitigation strategies

There is certainly variation in the types and, more importantly, the timing of mitigation strategies used by prison systems in South America (see Table 2), but there does appear to

Table 2. A comparison of mitigation strategies used in South American prisons.

Country	Front-End	Within	Back-End
Brazil ¹	Suspension of family and attorney visitation; isolation of vulnerable inmates; suspension of transfers and temporary exits	Daily sanitation of cells; increased exposure to sunlight; isolation of symptomatic inmates	Appx. 4.6% (N = 32,500) released on house arrest or electronic monitoring
Argentina ²	Suspension of educational and work activities; restriction for on-site prison visitation; restriction on transfers	Restriction on staff per unit; controls for at-risk groups; testing for inmates and staff; health kits and PPE for inmates and staff; designated areas for isolation	Appx. 13% early release to probation, parole, house arrest, or other exceptional mechanisms
Colombia ²	Suspension of educational and work activities; restriction for on-site prison visitation; restriction on transfers	Restriction on staff per unit; educational campaigns regarding COVID-19; testing for inmates and staff; health kits and PPE for inmates and staff; designated areas for isolation	Appx. 20% released to house arrest or other exceptional mechanisms
Peru ³	Suspension of all prison visitation; suspension of new intakes	Aggressive testing; inmates serving as health care monitors	Appx. 1.5% (N = 1,500) early release
Venezuela ⁴	Suspension of all prison visitation	Intensive disinfection of imported goods & supplies; meticulous food preparation and handling protocol	Appx. 3.7% (N = >2,100) released, including political prisoners
Chile ²	Suspension of educational and work activities; restriction for on-site prison visitation	Restriction on staff per unit; Vaccination campaign against influenza; educational campaigns regarding COVID-19; controls for at-risk groups; testing for inmates and staff; designated areas for isolation	Appx. 15% (N = 5940) early release
Ecuador ⁵	Suspension of all prison visitation	Designated areas for isolation; testing for inmates and staff	Appx. 2.5% (N = 971) granted prerelease

¹See Ribeiro (this volume) for more detail regarding Brazil's mitigation strategies to combat COVID-19.

²See Marmolejo and colleagues (this volume) for more detail regarding Argentina, Colombia, and Chile's mitigation strategies in response to COVID-19.

³See Iglesias Osoros (2020) and VOA News (2020) for more detail on Peru's response to COVID-19 in its prison system.

⁴See D'Hoy (2020), Mozo Zambrano (2020), and PERFIL (2020) for limited details pertaining to Venezuela's mitigation strategies in prisons.

⁵See Puente (2020) for details surrounding the prerelease of inmates in Ecuadorian prisons and Sociedad de Criminología Latinoamericana (2020) for more information regarding Ecuador's front-end and within-prison mitigation strategies.

be similarities in both front-end and in-prison mitigation strategies. The biggest within-region difference we have identified is in the scale of the prison population reduction strategies employed: reductions in overall prison populations via early release strategies ranged from only 1.5% (in Peru) to 20% (in Columbia). It will be important to examine the impact of these early release strategies on both the health of releasees, and the subsequent behavior of these individuals (i.e., recidivism) during this period of early release.

At the front-end, it appears that prison managers in South America attempted to minimize the importation of the virus by limiting who can enter prisons. Thus far, measures to protect inmates in Brazilian prisons, as well as the vast majority of prisons in South America, have been limited to suspending visits, temporary releases, and following general guidelines issued by the Ministry of Health regarding health care (Fraga Arantes, 2020). Even more troubling, because of the lack of basic necessities (e.g., clean water, food, medications, etc.) provided to inmates, family members and loved ones are often relied upon to compensate for the lack of resources by bringing items into the prisons (Shadmi et al., 2020). Banning prison visitations is likely counterproductive because the deprivation experienced by inmates (e.g., hunger, thirst, weakened immune systems, etc.) may ultimately make them more susceptible to the virus.⁷

The link between COVID-19 outbreaks and violence in South American prisons

It is important to consider how and why inmates in South American prisons have expressed their concerns about the strategies used by prison officials to mitigate outbreaks within facilities. Due to overcrowded, unsanitary, and under-resourced conditions, in addition to countries' unwillingness to take action to prevent the spread of coronavirus (e.g., releases), inmates in several South American countries have engaged in collective violence and/or attempted to escape. Since the onset of the pandemic erupted, several prison rebellions have taken place in response to the governments' lack of transparency and lack of aid/security to vulnerable prison populations. It should be noted that some of the riots and protests were a consequence of the lack of action at the outset of the pandemic, and arguably pushed governments to do more, such as in the case of Colombia, while others were reactions to the measures implemented to reduce the pandemic, such as limiting visitations. One caveat is in order at this point: while violent reactions to the pandemic make the news, there have been other nonviolent protesting methods that have occurred too, including families that have organized petitions, and demonstrations (Marmolejo et al., this volume).

In early May 2020, Puraquequara Prison, in Manaus, Brazil, faced riots allegedly out of fear that guards could transmit COVID-19 throughout the facility (De Oliveira Andrade, 2020). In March 2020, inmates in Venezuelan, Colombian, Peruvian, and Argentinian prisons rioted and/or attempted to escape out of fear of contracting the virus, which in some cases, led to death (Prison Insider, 2020). Eighty-four inmates escaped a Venezuelan prison and 10 were later killed by law enforcement after authorities canceled access to visitors that normally provided the inmates with food (Prison Insider, 2020). Twenty-three inmates were killed and 83 were injured in a Colombian prison after inmates protested unsanitary conditions, lack of access to clean water, overcrowding, and inadequate measures to protect them from COVID-19 (Prison Insider, 2020). In Peru, 2 inmates were killed and 6 inmates and 11 staff were injured during protests that attempted to secure better

protection for inmates against COVID-19 (Prison Insider, 2020). Lastly, five inmates in Argentina died during a protest over unsanitary conditions (Prison Insider, 2020).

Assessing the impact of current mitigation strategies on reducing COVID-19 outbreaks and on the reducing size of the prison population

One response to the outbreak in South American prisons was to expand both front-end and back-end early release mechanisms, while simultaneously taking steps to control outbreaks within prisons among inmates and staff. Preliminary evidence of the relative effectiveness of these strategies in reducing outbreaks of COVID-19 in prisons is difficult to obtain at this stage of the pandemic. While we can identify reductions in prison populations as a result of various front-end and back-end mitigation strategies, it is too early to state that by reducing the prison population, we have reduced the risk of contracting the virus for either the released population or the inmates and staff who remain in prison. It should also be pointed out that we currently know remarkably little about the outbreak of COVID-19 among South America's community corrections population (and among community corrections staff).

According to a study conducted by the Center for Latin American Studies on Insecurity and Violence in conjunction with the Latin American Society of Criminology, in mid-June, up to 15% of Chile's inmates had been released in response to the pandemic, which is one of the highest release rates relative to other Latin American countries (Robbins, 2020). While this action may have helped to mitigate the effects of overcrowding in Chilean prisons to some degree, it appears that countrywide, Chile has continued to struggle in combatting the spread of the virus with a total of 378,168 confirmed cases by August 11, 2020 (Horwitz et al., 2020). In an article published on May 21, 2020 by the Human Rights Watch, it was reported that at least 700 Chilean inmates and staff members tested positive (Vivanco & Munoz, 2020); however, more recent COVID-19 case tallies – as of early September – reflect totals nearer 1700 (inmates) and 1300 (staff) positive cases as well as 15 deaths (Gendarmería de Chile, 2020).

On August 22, 2020, the Peruvian Minister of Justice and Human Rights announced that as part of an initiative to provide systematic diagnostic testing to inmates, 27,000 tests were administered within Peru's prison systems thus far (EN24, 2020). Of those tests, 12,294 inmates tested positive for COVID-19 amongst its 96,000+ incarcerated population housed within 68 facilities (EN24, 2020). Another means by which Peru has attempted to respond to COVID-19 within its prisons, much like other countries, is to release low-risk inmates in order to reduce overcrowding. On April 14 of 2020, the Peruvian government pledged to release 3,000 inmates, which equates to just over 3% of Peru's total incarcerated population (TRTWorld, 2020). However, as of mid-June, only 1,500 inmates had been released (TRTWorld, 2020).

On April 14 of 2020, the Colombian government approved the release of 4,000 at-risk inmates to house arrest, including pregnant women, inmates over 60-years-old, mothers with children under 3-years-old, individuals who are disabled, inmates whose sentences were under 5 years or who were being detained pre-trial, and inmates with specified health conditions such as HIV, cancer, and diabetes (Horwitz et al., 2020; Justice for Colombia, 2020). In some cases, inmates that had served more than 40% of their sentence were eligible to be transferred to house arrest in lieu of incarceration (Justice for Colombia, 2020).

Regardless of the new decree's intent, it appears that the conditions for release were too restrictive and ineffectively implemented, because as of mid-July, only 889 inmates had met conditional release requirements (Horwitz et al., 2020; Instituto Nacional Penitenciario y Carcelario [INPEC], 2020). However, to date, under ordinary practice, Colombia has released nearly 21,000 inmates to house arrest or to freedom for completing or exceeding their pretrial detention (INPEC, 2020). By early September, Colombia reported not only a rise in cases, but also a rapid increase, and consequently surpassed the prevalence of positive COVID-19 cases in other Latin American countries such as Mexico.

Concluding comments: COVID-19 and corrections reform

All of the countries in South America reviewed here demonstrate issues with access and quality of data that make it difficult to frame the COVID-19 situation inside prisons. Hopefully, one of the “lessons learned” from the pandemic will be a recognition that in order to plan effectively, prison administrators need to improve their information systems, producing better prison data, not only for internal decision-making, but also to increase the system's credibility via transparency. Apart from a clarion call for more and better data, it is certainly possible that the pandemic's impact on inmates and staff in South American prisons will be a catalyst for real change in sentencing and corrections policies and practices in several South American countries. If this occurs, it may be the result of new, yet-to-be-conducted research demonstrating that community safety was not jeopardized in countries that significantly reduced their prison populations during this period. Unfortunately, it is equally plausible that once (if and when) this latest pandemic subsides, the leaders of countries in this region will simply instruct corrections officials to return to normal practices, which will mean a return to overcrowded, understaffed, poorly managed, and unhealthy prisons. Research on the impact of this natural experiment in prison downsizing will likely play a critical role in determining which way the reform pendulum will swing.

Notes

1. South American countries include Brazil, Argentina, Colombia, Peru, Venezuela, Chile, Ecuador, Bolivia, Paraguay, Uruguay, Guyana, Suriname, and French Guiana, and, together, they account for 1,244,527 of the 10,911,380 inmates that comprise the total global prison population.
2. To calculate this proportion, we include Mexico with other Latin American countries, including South America, Central America and the Caribbean. North America's COVID-19 total used in this comparison is based on data for the USA and Canada.
3. Further research on changes in Brazil's death in prison rates – for any reason – will need to be conducted to investigate this suspected under-reporting issue.
4. For more information on Columbia's response, see Marmolejo et al., this volume; and <https://www.cgdev.org/publication/covid-19-colombia-impact-and-policy-responses>.
5. Our own preliminary review of the available data comparing COVID-19 infection rates in prison versus the general community in the country-level reviews included in this special issue do not support this claim (see Marmolejo, this volume; Pitts and Inkpen, this volume; Ribeiro, this volume).
6. Chile and Peru also have the highest prevalence of testing among South American countries.

7. Agoff (this volume) argues that there are critical gender-specific differences in the impact of suspended prison visitation on males versus female inmates.

Disclosure statement

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